

E-Therapist Bulletin

Division of Developmental Disabilities

Summer 2012

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Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

Click on News & Events for all Division Newsletters and Bulletins.

Welcome aboard Carrie Swearengin and Ryan Lange!

Carrie is the new District Central Therapy Coordinator and she can be reached at 602-771-3170. Ryan is the new District West Therapy Coordinator and he can be reached at 602-771-1371. For a complete list of statewide Therapy Coordinators, please see page 3.

Therapy Provider Search Tool

The Division of Developmental Disabilities (DDD) has developed a feature on its website that consumers and families may use to search for providers of occupational, speech, and physical therapy services. This search tool will allow consumers and families to identify available therapists in their geographic area. This interactive search tool will not change the method for selecting a provider as outlined in A.A.C. R6-6-2107 and implemented by the District in which the consumer resides.

The feature can be found on the main DDD website www.azdes.gov/ddd. Click the link on the left side titled "Find a DD Service Provider." The email registration process is easy for families to use. The user must have an email address. If you have any questions, please contact Miriam Podrazik at 602-542-6962.

BILLING REMINDERS and TRAINING

July dates of service need to be billed as the FY13 on the header of your bill.

DDD billing and Third Party Liability (TPL) billing trainings are held twice a month in Central Office in Phoenix (see page 15 for a complete listing of dates). Trainings are held periodically throughout the state.

If you need help with your DDD billing and/or would like to schedule a training, please contact Judy Niebuhr at 602-364-1862 or JNiebuhr@azdes.gov or Teresa Nino at 602-542-6876 or MariaNino@azdes.gov.

For TPL training questions, contact Kim Maldonado at 520-742-7679 x 130 or KMaldonado@azdes.gov.

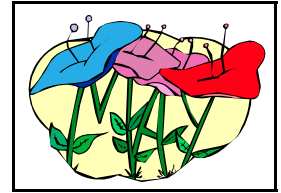


DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Therapy Updates & Reminders



Therapy updates and reminders are derived, in part, from the service specifications of your contract with the Division. These updates and reminders do not supersede the terms and conditions of your contract with the Division, but are intended to focus your attention on your contract obligation.

Therapy Services:

Consultation/coaching/participation-based approach: The therapist participates as a member of the Individual Support Plan (ISP) Individual Family Service Plan (IFSP) team. This service is designed to train consumers and their family/caregivers in therapeutic activities based upon the functional outcomes identified in the ISP/IFSP.

Goal: To support and enhance the ability of the family/caregiver to promote the consumer's development and participation in family and community life. The therapist models and teaches the family/caregiver the therapeutic activities to do with the consumer during their daily routine. The intention is that the family/caregiver will then provide practice opportunities that facilitate successful engagement in relationships, activities, routines, and events of everyday life. This participation-based approach promotes multiple opportunities to practice the new skills through out the day. The therapist must develop a home program for all consumers over the age of three. The home program is a list of specific activities that the family/caregivers can do during daily routines.

Prescriptions:

A prescription is required from the primary care provider (PCP) for all ALTCS eligible consumers over the age of three. The prescription must be on the primary care provider's letterhead, list the frequency (one hour a week, two hours a week) and duration (six months, one year) of the prescribed therapy (OT, PT, ST). Prescriptions may not state "ongoing therapy" or be more than one year old.

Evaluation Reports:

Written reports are either submitted to the Support Coordinator directly or via the correct Provider Report Mailbox:

Over 3 years old are due within three (3) weeks of the evaluation

Under 3 years old are due within two (2) weeks of the evaluation

Home Program Oversight:

Each Quarterly Progress Report must include specific information regarding the consumer's/family home program reporting on the family's progress, participation and barriers to perform the intended activities that the therapist teaches.

Past Due Reports:

All Quarterly Progress Reports are valuable to determine the consumers' progress or lack of progress and are used to determine if re-authorization for therapy services is warranted. Each report must be specific to that time period. Do not cut and paste with the same information from quarter to quarter.

Forms:

Continue to use the therapy Quarterly Progress Report form that has been attached to the E-Therapist Bulletin for the last two years. If you choose to use your own report form, you must make sure that all of the same information/questions asked on the DDD format is incorporated into your form.



Therapy Reminders, continued

Secure Link:

Emails that contain personal health information or any other confidential information must be secured. In an effort to make this process easier, we have included a link to a very simple and free method for you to use to secure your emails to us. Please use this link when emailing progress reports: https://secure.azdes.gov/secure_contact_us/

Due Dates for Reports:

Quarterly Progress Report due dates now follow the annual calendar quarters plus 15 days:

January, February and March reports are due April 15th

April, May and June reports are due July 15th

July, August and September reports are due October 15th

October, November and December reports are due January 15th

Continued on page 4

**The Quarterly Progress Report has two new fields:
Discharge planning and Name of Therapy
Assistants. It's now up on the web, at
www.azdes.gov/ddd**

Therapy Coordinator Contact List

District	Therapy Coordinator	Phone / fax	Email	Address
North	Stacey Gastineau	928-753-4868 x3651 928-718-1834	sgastineau@azdes.gov	519 E. Beale Street Kingman, AZ 86401
South (Pima & Yuma Counties)	Altagracia Gasque	520-638-2577 520-748-8765	agasque@azdes.gov	4710 E. 29 th Street, Bldg. 5 Tucson, AZ 85712
South (Graham, Greenlee, Santa Cruz & Cochise Counties)	Linda Southwell	928-428-0474 x1140 928-348-7725	lsouthwell@azdes.gov	1938 Thatcher Blvd. Safford, AZ 85546
East	Carmen Sheets	602-771-6114 480-926-5172	csheets@azdes.gov	2288 W. Guadalupe Rd, Bldg. 2 Gilbert, AZ 85233
West	Ryan Lange	602-771-3171 602-246-0880	rlange@azdes.gov	4000 N. Central, Ste. 900 Phoenix, AZ 85012
Central	Kathy Hornburg Or Carrie Swearengin	602-771-3172 602-246-0880 602-771-3170 602-246-0880	Khornburg@azdes.gov cswearengin@azdes.gov	Both @: 4000 N. Central, Ste 900 Phoenix, AZ 85012

Therapy Reminders, continued

Where to send Quarterly Therapy Progress Notes:

There are two acceptable methods for submitting progress reports: Either to the assigned, secured email address or through the US mail. All submittals are checked daily by assigned office representatives who have three days to get the reports to the Support Coordinators.

Therapy providers must provide current progress reports including the specific home program to the Division, the family and the physician for service to be considered or reauthorized. A sample format of the quarterly report and evaluation is attached to this e-bulletin. All fields in the reports must be filled out, including the start date of therapy.

Needed Subject Line Information:

Please make sure that the subject line of the email includes the following information:

Supervisor's name (if known) - or District Office name, followed by the Support Coordinator's name, followed by the consumer's first name and last initial.

For example, "North Office, SC's name, Consumer's first name and last initial

Don't forget to use the "secure" process.

District Central - Send reports via secure portal to:

DDDCentralProgressReports@azdes.gov

Via US Mail to:

DES/DDD
Attn: Marlo Salas
4000 N. Central—Suite 360
Phoenix, AZ 85012

District East - Send reports via secure portal to:

DDDEastProgressReports@azdes.gov

Via US Mail to:

DES/DDD
Attn: Mary Renteria
2288 W. Guadalupe Road
Gilbert, AZ 85233

District West - Send reports via secure portal to:

DDDWestProgressReports@azdes.gov

Via US Mail to:

DES/DDD
Attn: Marianna Mendoza
4000 N. Central—Suite 900
Phoenix, AZ 85012

District North - Send reports via secure portal to:

DDDD3ProviderReports@azdes.gov

Via US Mail to:

DES/DDD
Attn: Stacey Gastineau
519 E. Beale Street #155
Kingman, Arizona 86401

District South (Pima & Yuma Counties) - Send reports via secure portal to:

DDDD2ProviderReports@azdes.gov

Via US Mail to:

DES/DDD
Attn: Alta Gasque
P.O. Box 13178
Tucson, Arizona 85732-3178

District South (Graham, Greenlee, Santa Cruz & Cochise Counties)

Fax to: 928-348-7725

Attn: Linda Southwell

Via US Mail to:

DES/DDD
Attn: Linda Southwell
1938 Thatcher Blvd.
Safford, Arizona 85546



AzEIP Policies

Third Party Billing/Use of Public or Private Insurance in Early Intervention as described on the AzEIP website

AzEIP agencies and programs must ensure all funding sources (private insurance, AHCCCS or CMDP) are accessed before Part C funding is used as a funding source. However, parents must be fully informed of these potential costs to them, and they must provide consent prior to an agency or program attempts to access their private insurance.

If the child is eligible for AHCCCS, including CMDP, the Contractor must follow the revised AHCCCS/AzEIP procedures. If the services requested through the AHCCCS Health Plan has not been approved or denied prior to the planned start date on the IFSP, or if the service will not start on the planned start date determined by the IFSP team, the service can be billed to DDD until the approval or denial from the health plan is received. Once approval is obtained the costs must shift to AHCCCS Health Plans.

The AzEIP Consent to Use Private Insurance form (see Team-Based Model Manual) must be in the child's file to document a parent's informed consent before their private insurance is accessed for payment of early intervention services.

Billing for Services Potentially Covered by TPL (Third Party Liability) when parents have provided consent:

If the family has a deductible, bill the insurance company for the service and bill DDD until the deductible is met. The family may have to share in the costs of the services if the family has a percent to pay.

If the family has a co-pay and the insurance company reimburses you less than your contracted rate, you may bill DDD up to the amount of the rate for the service per your contract. For example, the insurance company pays \$40.00 for one unit of speech therapy in the natural environment. The rate DDD pays for the service is \$66.64. You can bill DDD the remaining cost to you which would be \$26.64. Families are not to be asked to pay for the co-pay but if they have a percent to pay under family cost participation, that percent would be multiplied by the State's cost of \$20.64

Other financial changes for AzEIP will go into effect, July 1, 2012 when new federal regulations take effect. Please visit [AzEIP's website](#) for the change, including new policies in Chapter 9 Financial Matters at:

Co-pay guidelines

As per the Division's contract terms and agreements, DDD-contracted therapy providers are not allowed to collect a payment of any kind from families.

Section 6 — Contract Terms and Agreements

6.4.5 Fees and Program Income.

- 6.4.5.1 The Qualified Vendor shall impose no fees or charges of any kind upon consumers for services authorized under this Agreement.
- 6.4.5.2 The Qualified Vendor shall not submit a claim, demand, or otherwise collect payment from a member for ALTCS services in excess of the amount paid to the Qualified Vendor by the AHCCCSA or the Division. The Qualified Vendor shall not bill or attempt to collect payment directly or through a collection agency from a person claiming to be ALTCS eligible without first receiving verification from the AHCCCSA that the person was ineligible for ALTCS on the date of service or that services provided were not ALTCS covered services (A.A.C. R9-22-702).
- 6.4.5.3 The Division shall collect Client Share of Cost as described in A.A.C. R6-6-1201 *et seq.* The Qualified Vendor may not collect this amount from members.

The Individualized Family Service Plan (IFSP)

As described in the AzEIP policies and website the IFSP guides and documents the IFSP team's discussion of the family's unique resources, priorities, concerns, and interests related to their child's development, and the activities and settings in which the child and family spend time. It ensures that the role of early intervention professionals in the life of each family is specifically tailored to meet the priorities of each family.

When therapists are identified on the IFSP, the therapist becomes a member of that family's IFSP team, along with the family and service/support coordinator. As an IFSP team member, a therapist:

- ▶ Participates in developing and reviewing the IFSP, including the outcomes and strategies that guide the provision of early intervention services in natural environments.
- ▶ Assists in determining the type and amount (frequency and duration) of early intervention services to support the child's and family's IFSP outcomes. No individual IFSP team member, including a parent, a service/support coordinator, or therapist, can decide whether a service should be on the IFSP. The identified services reflect the team's collective decision, which is one reason that active participation in IFSP development is important. The family has the right to decline any or all of the services.
- ▶ Provides services in accordance with the IFSP, coordinates with other team members, and supports families in promoting their children's development, learning, and participation in family and community life.

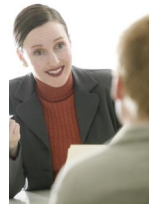
Active participation in IFSP development and review enables the therapist to (a) share and gather information about the family's priorities, interests, routines, and outcomes, and the child's development, (b) discuss his/her role and the role of other IFSP team members in supporting the family to attain the outcomes, (c) participate in decisions, such service type and frequency, and (d) establish strategies for communication and coordination across team members. Explaining the purpose of the IFSP meeting will help the family understand the benefit of having all IFSP team members together supporting the development of their outcomes.

Therapists are paid to attend IFSP meetings and should bill the Division for an IFSP meeting, using the modifier **EM** to ensure that this time is not billable to a family under Family Cost Participation. Therapists must notify the service/support coordinator of the actual start date of services to ensure timely services.



As per the First Things First website, the First Things First Early Childhood Therapist Incentives Programs has two components: Loan Repayment and Stipend. The purpose of these programs is to provide incentives for Speech/Language Pathologists, Occupational and Physical Therapists, Child Psychologists, and Mental Health Specialists who provide early childhood development services to children, up to age 5, in specified areas of Arizona as determined by the First Things First (FTF) regional councils. Currently, the regional councils participating in the FTF Incentives Programs are Cochise County, Colorado River Indian Tribes (CRIT), Gila County, Graham/Greenlee Counties, North Pima County, Northwest Maricopa County, Santa Cruz County, South Phoenix, and Yuma County. There has been a great interest in the program with 16 therapists being awarded a contract with the incentives program during the current fiscal year! Click on the website www.ftfincentive.com for more information or contact Sherry.Haskins@azdhs.gov 602-542-2852.

Defining Speech-Language Pathology Assistants as described by the American Speech and Hearing Association's website, www.asha.com



Who are speech-language pathology assistants?

Speech-language pathology assistants are support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by ASHA-certified speech-language pathologists.

Are there other forms of support personnel?

There are typically two levels of support personnel - aides and assistants. Based on the individual's level of training, these support personnel may have a different scope of responsibilities in the work setting. Aides, for example, have a different, usually narrower, training base and a more limited scope of responsibilities than speech-language pathology assistants. States may use different terminology to refer to support personnel in speech-language pathology (e.g., communication aides, paraprofessionals, service extenders).

Is the use of Speech-Language Pathology assistants new?

Speech-language pathology assistants have been utilized and regulated by many states since the 1970s. ASHA has had guidelines for the utilization of support personnel since 1969. Attention to the use of assistants has increased as professionals seek mechanisms for expanding services and containing costs. In November 2000, ASHA began development of an approval process for associate degree speech-language pathology assistant training programs and a registration process for speech-language pathology assistants. The approval process was effective January 2002, and the registration process was effective January 2003. However, at its Spring 2003 meeting, ASHA's Legislative Council voted to discontinue both the registration program for speech-language pathology assistants and the approval process for speech-language pathology assistant training programs as of December 31, 2003, primarily due to financial reasons.

Will speech-language pathology assistants be used to replace speech-language pathologists?

No. Assistants cannot replace certified speech-language pathologists. Rather, they can support clinical services provided by speech-language pathologists. ASHA guidelines were developed to ensure that speech-language pathology services provided to the public are of the highest quality and that speech-language pathologists continue to be responsible for maintaining this quality of service. According to ASHA guidelines and state licensure laws, no one can employ a speech-language pathology assistant without a speech-language pathologist as supervisor. ASHA guidelines and most state laws limit the number of speech-language pathology assistants a speech-language pathologist may supervise and define boundaries for how assistants are utilized.

Is there a need for speech-language pathology assistants?

To serve a growing and more diverse client base and an expanding scope of practice, more service providers are needed. In an era of heightened demand for cost efficiency, some tasks may be more appropriate for support personnel than for professional-level providers. The use of assistants may allow ASHA-certified speech-language pathologists to focus more on professional-level clinical services (i.e., those that require ongoing clinical judgment) rather than on routine day-to-day operational activities. Access the U.S. Bureau of Labor Statistics national job outlook for the professions. Access information on state occupational projections.

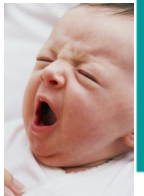
Defining Speech-Language Pathology Assistants, con't

What are the advantages to the speech-language pathologist in using speech-language pathology assistants in his/her practice?

The ASHA-certified speech-language pathologist may extend services (i.e., increase the frequency and intensity of services to patients or clients on his/her caseload), focus more on professional-level tasks, increase client access to the program, and achieve more efficient/effective use of time and resources. According to the ASHA 2000 Schools Survey, 47.3% of respondents indicated that the use of speech-language pathology assistants led to "more time for direct service," while 23.1% reported that the use of speech-language pathology assistants led to "more time for planning/consultation with teachers."

What is the demand for speech-language pathology assistants?

ASHA does not have specific data on the demand for speech-language pathology assistants; however, 16.4% of ASHA certified speech-language pathologists reported that at least one speech-language pathology assistant was employed in their facilities (2003 ASHA Omnibus Survey). School-based speech-language pathologists reported a greater use of speech-language pathology assistants than did speech-language pathologists in health care facilities. In the school-based setting, 20% of ASHA-certified speech-language pathologists indicated that their facilities employed one or more speech-language pathology assistants (2006 ASHA Schools Survey). This percentage has decreased over time (i.e., 25.4% in 2000 and 31% in 1995 according to the Schools Surveys in those years). Only 2% of speech-language pathologists in health care settings reported using speech-language pathologist assistants (2002 ASHA Health Care Survey). The demand for speech-language pathology assistants may grow as the population base for speech-language pathology services continues to increase.



Using Speech-Language Pathology Assistants

What is the average salary for speech-language pathology assistants?

At this time, ASHA collects salary data only on ASHA-certified speech-language pathologists and audiologists. Occupational and physical therapy data show that assistants in those fields make about 60% to 75% of professional-level salaries.

Who is responsible for services provided by a speech-language pathology assistant?

The fully qualified, ASHA-certified supervising speech-language pathologist is responsible for the services provided by assistants. In states that regulate speech-language pathology assistants, speech-language pathologists who hold full, unrestricted licenses assume these responsibilities for persons working under their direction.

How will this program affect the culturally and linguistically diverse professional population?

ASHA places great emphasis on attracting individuals from culturally and linguistically diverse backgrounds into the speech-language pathology/audiology professions. In related professions that use assistants, the proportions of minorities to non-minorities in both the assistant and the professional levels are similar.

Will caseloads expand when assistants are used?

As has always been the case, caseload size of ASHA-certified speech-language pathologists may or may not increase depending on client needs and the nature of the services provided. If speech-language pathology assistants are used appropriately, and if they are adequately supervised, ASHA-certified speech-language pathologists' caseloads may decrease to permit sufficient time to supervise staff working under their direction; however, workload may increase as the speech-language pathologist assumes responsibilities for training and supervising assistants. Speech-language pathology assistants do not carry their own caseloads. Assistants help to provide services as directed for the caseloads of speech-language pathologists.

Arizona SLPA Licensure

In addition to understanding the ASHA requirements, it is important to also understand how Arizona law governs SLPA's.

Arizona Revised Statute Title 36-1940.04. Speech-language pathologist assistant; licensure requirements; scope of practice; supervision

- A. A person who wishes to be licensed as a speech-language pathologist assistant shall:
1. Submit a nonrefundable application fee as prescribed by section 36-1908.
 2. Submit written evidence satisfactory to the director that the applicant has completed:
 - a. an approved training program for speech-language pathology assistants or the equivalent from a nationally or regionally accredited college or university that consisted of a minimum of sixty semester credit hours of course work with the following curriculum content:
 - (i) twenty to forty semester credit hours of general education.
 - (ii) twenty to forty semester credit hours of speech-language pathology technical course work.
 - b. a minimum of one hundred hours of clinical interaction that does not include observation, under the supervision of a licensed masters level speech-language pathologist.
 3. Be of good moral character.
 4. Not have had a license revoked or suspended by a state within the past two years and is not presently ineligible for licensure in any state because of a prior revocation or suspension.
- B. The director shall grant a waiver of the requirements for licensure as provided by subsection a of this section until September 1, 2007 to individuals who have performed the functions of a speech-language pathology assistant if the individual:
1. Has completed a minimum of forty semester credit hours of speech-language pathology technical course work.
 2. Has satisfactorily completed a minimum of two years of experience as a speech-language pathology assistant under the supervision of a licensed master's level speech-language pathologist.
 3. Is of good moral character.
 4. Has not had a license revoked or suspended by a state within the past two years and is not presently ineligible for licensure in any state because of a prior revocation or suspension.
- C. A speech-language pathology assistant may do the following under the supervision of the licensed speech-language pathologist:
1. Conduct speech and language screenings without interpretation, using screening protocols specified by the supervising speech-language pathologist.
 2. Provide direct treatment assistance, including feeding for nutritional purposes to patients, clients or students except for patients, clients or students with dysphagia, identified by the supervising speech-language pathologist by following written treatment plans, individualized education programs, individual support plans or protocols developed by the supervising speech-language pathologist.
 3. Document patient, client or student progress toward meeting established objectives as stated in the treatment plan, individual support plan or individualized education program without interpretation of the findings, and report this information to the supervising speech-language pathologist.
 4. Assist the speech-language pathologist in the collecting and tallying of data for assessment purposes, without interpretation of the data.
 5. Act as a second-language interpreter during assessments.
 6. Assist with informal documentation during an intervention session by collecting and tallying data as directed by the speech-language pathologist, preparing materials and assisting with other clerical duties as specified by the supervising speech-language pathologist.
 7. Schedule activities and prepare charts, records, graphs or other displays of data.
 8. Perform checks and maintenance of equipment.
 9. Participate with the speech-language pathologist in research projects, in-service training and public relations programs.
 10. Sign and initial treatment notes for review and co-signature by the supervising speech-language pathologist.

Continued on next page

SLPA Licensure Statute, continued

D. A speech-language pathology assistant shall not::

1. Conduct swallowing screening, assessment and intervention protocols, including modified barium swallow studies.
2. Administer standardized or nonstandardized diagnostic tests, formal or informal evaluations or interpret test results.
3. Participate in parent conferences, case conferences or any interdisciplinary team meeting without the presence of the supervising speech-language pathologist, except for individualized education program or individual support plan meetings if the licensed speech pathologist has been excused by the individualized education program team or the individual support plan team.
4. Write, develop or modify a patient's, client's or student's treatment plan, individual support plan or individualized education program in any way.
5. Provide intervention for patients, clients or students without following the treatment plan, individual support plan or individualized education program prepared by the supervising speech-language pathologist.
6. Sign any formal documents, including treatment plans, individual support plans, individualized education programs, reimbursement forms or reports.
7. Select patients, clients or students for services.
8. Discharge patients, clients or students from services.
9. Unless required by law, disclose clinical or confidential information orally or in writing to anyone not designated by the speech-language pathologist.
10. Make a referral for any additional service.
11. Communicate with the patient, client or student or with family or others regarding any aspect of the patient, client or student status without the specific consent of the supervising speech-language pathologist.
12. Claim to be a speech-language pathologist.
13. Write a formal screening, diagnostic, progress or discharge note.
14. Perform any task without the express knowledge and approval of the supervising speech-language pathologist.

E. All services provided by a speech-language pathology assistant shall be performed under the direction and supervision of a speech-language pathologist licensed pursuant to this chapter.

F. A licensed speech-language pathologist who supervises or directs the services provided by a speech-language pathology assistant shall:

1. Have at least two years of full-time professional experience as a licensed speech-language pathologist.
2. Provide direction and supervision to not more than two full-time or three part-time speech-language pathology assistants at one time.
3. Ensure that the amount and type of supervision and direction provided to a speech-language pathology assistant is consistent with the individual's skills and experience, the needs of the patient, client or student served, the setting in which services are provided and the tasks assigned and provide:
 - a. a minimum of twenty per cent direct supervision and ten per cent indirect supervision of all of the time that a speech-language pathology assistant is providing services during the first ninety days of the person's employment.
 - b. subsequent to the first ninety days of a speech-language pathology assistant's employment, a minimum of ten per cent direct supervision and ten per cent indirect supervision of all of the time a speech-language pathologist assistant is providing service.
4. Inform a patient, client or student when the services of a speech-language pathology assistant are being provided.
5. Document all periods of direct and indirect supervision provided to a speech-language pathology assistant.

G. If more than one speech-language pathologist provides supervision to a speech-language pathology assistant, one of the speech-language pathologists shall be designated as the primary supervisor who is responsible for coordinating any supervision provided by other speech-language pathologists.

**DEPARTMENT OF HEALTH SERVICES
DIVISION OF LICENSING SERVICES
OFFICE OF SPECIAL LICENSING**

SUBSTANTIVE POLICY STATEMENT

SP-037-DLS-OSL

Clarification of Arizona Revised Statutes (A.R.S.) §§ 36-1940.04(C)(3) and 36-1940.04(D)(13)

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement.

The purpose of this substantive policy statement is to provide the public with clarification of statutory language found in A.R.S. Title 36, Chapter 17, Article 4 regarding documentation by a speech-language pathology assistant.

A.R.S. § 36-1940.04(C)(3) states that, under the supervision of a licensed speech-language pathologist, a speech-language pathology assistant may “document patient, client or student progress toward meeting established objectives as stated in the treatment plan, individual support plan or individualized education program without interpretation of the findings, and report this information to the supervising speech-language pathologist.”

The Department interprets A.R.S. § 36-1940.04(C)(3) to mean that a speech-language pathology assistant is authorized to write down for reference purposes only information arising from the speech-language pathology assistant’s interaction with a patient so the speech-language pathology assistant may accurately report the interaction to a supervising speech-language pathologist.

A.R.S. § 36-1940.04(D)(13) states that a speech-language pathology assistant shall not “write a formal screening, diagnostic, progress, or discharge note.”

The Department interprets A.R.S. § 36-1940.04(D)(13) to mean that a speech-language pathology assistant is not authorized to write a formal document, such as a formal progress note, that becomes part of a patient’s medical record and that includes an analysis of the patient’s condition, an assessment of the patient’s need for treatment, or an explanation of the patient’s progress towards meeting treatment goals. Such a document must be written by an individual who has particular skill and expertise, such as a licensed speech-language pathologist.

The Department concludes that a distinction exists between A.R.S. §§ 36-1940.04(C)(3) and 36-1940.04(D)(13). Specifically, a speech-language pathology assistant may write a progress note intended to communicate information about a patient’s condition to the supervising speech-language pathologist. The supervising speech-language pathologist may then act in his/her professional capacity and formally document any screening, assessment, analysis, diagnosis, or treatment provided to the patient, or progress made by the patient towards meeting treatment goals.



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ADAPT Shop



News and information from the ADAPT Shop

Happy Chairs to Go - New at the ADAPT Shop!

Kids like to move! We've created the first and second "Happy Chairs to Go." It's a Happy Chair with castors so children can scoot around while in their chair. The first little boy enjoyed his new chair so much he soon graduated to a Buzz Lightyear Rocket riding toy. Is your child ready for a Happy Chair to Go? The child needs to have at least fair upright head control and some trunk control. Some children can go directly from using their Happy Chair to a riding toy. Select a riding toy that has some support or boundary behind the seat and that allows the child to touch the floor with both feet flat when sitting on the toy. Watch that their feet do not hit the wheels when they move forward. Some children enjoy sitting on a rocking horse or other animal. Use the same measurement guidelines so the child has both feet flat on the floor while sitting on the toy. Have fun! And if you think your child would benefit from castors on their Happy Chair, give us a call!

New Photo Board Ready for Your Pictures

We have a new bulletin board at the ADAPT shop so we can post photos of happy kids in their Happy Chairs! Happy Chairs have already gone traveling so vacation pictures are welcome too. We've heard that Happy Chairs have flown to New Jersey and gone to the beach! What fun places have you taken yours? If you would like to share a photo for the bulletin board, send it to Tina Martin at tmartin@swhd.org. If you send us a photo, we will assume it is for the bulletin board unless you specify otherwise.

We are always looking for before and after pictures and videos (and parent and therapist comments) to help us as we look for long term funding for the ADAPT Shop. They are also great to use when training other therapists. If you would like to share photos or videos of your child for these purposes, give Tina a call at 602-633-8686 or email tmartin@swhd.org so she can send the appropriate release form. Of course, all information about your child is strictly confidential unless you have specifically given written permission otherwise.

Volunteers Needed to Make Covers for Happy Chairs

We are still looking for volunteers willing to sew custom covers for Happy chairs. We are also hoping volunteers will sew weighted blankets and weighted vests for kids with sensory needs. Know a group of experienced seamstresses who might be interested? Call us!



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ADAPT Shop



News and information from the ADAPT Shop



Parent to Parent Idea Corner

Many parents have shared that their child looks like they are sitting on a little throne in the Happy Chair. One creative parent took it to a new level by covering the chair with gold stretch lame fabric and dressing her child in an emperor costume for Halloween. With his Fu Manchu moustache (drawn on), he looked fantastic!

Problem with Your Happy Chair or Other Item?

We really WANT to know if your child is experiencing any problems with their Happy Chair. Often there are small changes we can make to fix it. We want your child to get the full benefit from their custom made items so please call and we will schedule a visit. Call Tina at 602-633-8686 to let us know, then Gayle will contact you to schedule.

Support the ADAPT Shop and Receive a Tax Credit

Our wonderful grant funding from the Humana Communities Benefit-Arizona Grant, which allowed us to open the shop and purchase tools and materials, ended last October. Easter Seals Walk With Me funds are helping the shop stay open while we look for long term financial support or a sponsor to cover materials and time for our shop fabricator. We would like to continue to offer seating, a table, and accessories at no cost to families.

You can help by making a donation and, at the same time, benefiting from the **Arizona Tax Credit program**. For every dollar you give, you'll receive a state tax credit for the same amount* – up to \$200 if you file a single or head of household return, and \$400 if you file a joint return. Net cost to you is \$0. For more information, visit swhd.org and click on the Donate Now button. Questions? Contact Ellen Lord in our development department at 602- 224-1757 or elord@swhd.org.

Walk with Us and Help Raise Funds for the ADAPT Shop

Walk With Me is a family fun walk-a-thon benefitting children with disabilities. Walk With Me funds from last year are keeping the ADAPT shop open now. This year's event is Saturday, May 5 at Steele Indian School Park in central Phoenix. Registration is free for an individual or team signing up by 4pm on May 4. There will be games and activities for kids, refreshments provided by Sweet Tomatoes and Starbucks, giveaways and lots of fun. It's a great way to meet other families too! And if you can't join us, you can still form a virtual team and raise funds for the ADAPT Shop! For more information go to www.walkwithme.org/phoenix or contact Kelsey Wolf at 602-224-1759 or kwolf@swhd.org.

* The Arizona State Charitable (working poor) Tax Credit is available to anyone who itemizes their tax return. Contact your tax advisor for details.



Open Provider Billing Training 2012

January 4th & 18th

February 1st & 22nd

March 7th & 21st

April 4th & 25th

May 2nd & 23rd

June 6th & 20th

July 18th & 25th

August 1st & 22nd

September 5th & 19th

October 3rd & 17th

November 7th

December 5th

All-day assistance is available for providers on a walk-in basis.

Where: Division of Developmental Disabilities
1789 W. Jefferson—4th Floor SW Conference Room
Phoenix, AZ 85005

When: 9 am—3 pm

We're here to help with your billing questions! We'll work one-on-one or with small groups (if you'd like us to review your bill before you submit, please bring your laptop with your electronic billing file).

For providers needing help/assistance with TPL issues, Kim Maldonado will be available to assist you.

Therapy Payer Source

The Division developed the chart below to clarify the many different ways individuals with developmental disabilities receive therapy services. This chart has been written to better explain procedures for the coordination of therapy services under the Early Periodic Screening Diagnostic and Treatment (EPSDT) Program.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a comprehensive child health program of prevention, treatment, correction and amelioration of health problems for Medicaid members under the age of 21. An individual with developmental disabilities falls under the targeted category when they qualify for AHCCCS financially.

Payer Referral Source for Therapy

Age Range	Final Payer
0-3 (AzEIP) DDD only (non-AHCCCS) - If family has TPL and agrees to usage, provider bills TPL first. If there is no TPL, the Division is the primary payer.	DDD, if TPL denies
0-3 AHCCCS eligible (targeted/TSC)** - If family has TPL, provider obtains a prior authorization from the health plan before billing the TPL.	AHCCCS Health Plan* (EPSDT) DDD if Health Plan Denies
0-3 ALTCS - If family has TPL, provider bills TPL first.	DDD, if TPL denies
3 and above-DD only (non-AHCCCS) with no TPL	DDD-only when funding is available
3 and above-DD only (non-AHCCCS) with TPL	TPL only
3-21 AHCCCS eligible (targeted/TSC)	AHCCCS Health Plan*
21 and above AHCCCS eligible (rehabilitative therapies only)	AHCCCS Health Plan*
3 and above-ALTCS - If family has TPL, provider bills TPL first. If there is no TPL, the Division is the primary payer.	DDD, if TPL denies

Acute Care Health Plans (Targeted):

APIPA (Arizona Physicians Independent Physician Association), CMDP (Comprehensive Medical & Dental Program). Health Choice AZ, Mercy Care Plan, Phoenix Health Plan, Pima Health Plan, UPH/UFC (University Physicians/University Family Care). Care 1st, Bridgeway Acute Plan, Maricopa Health Plan, AIHP (American Indian Health Program).

DDD Long Term Care contracted Acute Care Plans (APIPA, MCP, Care 1st, Capstone) pay for rehabilitative therapy (therapy after surgery, etc.) for individuals who are ALTCS eligible. DDD is responsible for habilitative service payments.

**For 0-3 population covered by (EPSDT):

The team completes the IFSP and the Service Coordinator (SC) sends the "approved coversheet" and copies of the evaluation/developmental summaries completed during the IFSP process to the Maternal Child Health Coordinator (MCH) at the specific health plan. The MCH Coordinator works with the PCP to have the PCP determine whether the therapy services identified on the IFSP are medically necessary. If yes, the therapy authorization request is then sent to the health plan. If approved, the family is referred to the provider in the health plan for the authorized therapy sessions. If the health plan denies the service(s), DDD is responsible for authorizing and paying for the service(s).